

# THE KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

P.O. Box 1360  
Frankfort, Kentucky 40602  
(502) 564-3296 ext. 227

## APPLICATION FOR APPRENTICE REINSTATEMENT

### Board Use Only

Amount: **\$35.00**

Date: \_\_\_\_\_

Your Apprentice Ophthalmic Dispensers license expired on December 31. In accordance with KRS Chapter 326.080 and regulations governing this profession you are required to renew your license each year with the submission of a renewal form, a renewal fee and show evidence of the completion of four (4) hours of continuing education.

The thirty (30) day grace period ended February 1. To reinstate your apprentice license you must complete this form and submit it with the **\$35.00** reinstatement fee in check or money order (**DO NOT SEND CASH**) made payable to the **Kentucky State Treasurer** and include evidence of the required four (4) hours of continuing education and return to the above address. **Incomplete forms will be returned.**

### PLEASE COMPLETE THE FOLLOWING

Check here if **Name or Mailing Address** is different from above:

1. Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apartment #  
City State Zip Home Phone: ( ) \_\_\_\_\_

2. Present Business Name \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street  
City State Zip

3. E-Mail Address: \_\_\_\_\_

4. Sponsor Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Sponsor 's Business Address: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

**COMPLETE REVERSE SIDE**

201 KAR 13:055(2) ....Each apprentice ophthalmic dispenser licensee shall be required to complete a minimum of four (4) continuing education hours in order to renew his license each year. Continuing education hours in excess of the number required at the time of renewal of license may not be applied to future requirements. (3)...A minimum of two (2) of the required four (4) continuing education hours for renewal of apprentice ophthalmic dispenser licensure shall be obtained through programs sponsored by entities list in Section 4(1) of the administrative regulation. The remaining continuing education hours may be obtained through any of the sources listed in Section 4 of the administrative regulation.

Documentation to support your continuing education hours is not to be submitted unless you are audited by the board.

Course Name and Number	Date(s) Mo/Day/Yr	Sponsor	Hours Earned
TOTAL NUMBER OF CE HOURS OBTAINES =			

Please provide the following information if continuing education information is not provided or complete:

- ☐ First year licensee. Date of initial license:\_\_\_\_\_
- ☐ Requesting Termination. (No fee required, No Continuing Education required.)

I, the licensee named in the above, do certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that it is my sole responsibility to notify the board immediately, in writing, of any changes in the above information.

SIGNATURE (required):\_\_\_\_\_DATE:\_\_\_\_\_

I hereby certify that I do/will provide supervision as required by KRS 326.035(1) and defined by 201 KAR 13:050, Section 2(3) for the above licensed apprentice. I further agree to accept responsibility for his/her practice and activities in his/her capacity as an apprentice ophthalmic dispenser.

SPONSOR'S SIGNATURE (required):\_\_\_\_\_DATE:\_\_\_\_\_